

21.6% pt in normal troponin T group had poor outcome (P value 0.0146). After 30 days follow up 50% pt died in elevated troponin group while only 13.5% pt died in normal troponin group (P value 0.0389).

Conclusion: In patients of acute ischemic stroke with raised troponin T level there was increased morbidity (P value 0.0146) and mortality (P value 0.0146) which was found to be statistically significant.

Rates of hemorrhage during warfarin therapy for atrial fibrillation

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Background: Although warfarin has been extensively studied in clinical trials, little is known about rates of hemorrhage attributable to its use in routine clinical practice. Our objective was to examine incident hemorrhagic events in a municipal hospital based cohort of patients with atrial fibrillation who were started treatment with warfarin.

Methods: We conducted a municipal hospital based cohort study involving patients (age ≥ 50 yr) with atrial fibrillation who started taking warfarin between Jan 2013, and March 2014. We defined a major hemorrhage as any visit to hospital for hemorrhage. We determined crude rates of hemorrhage during warfarin treatment, overall and stratified by CHADS 2 score (congestive heart failure, hypertension, age ≥ 75 yr, diabetes mellitus and prior stroke, transient ischemic attack or thromboembolism).

Results: We included 469 patients with atrial fibrillation who started treatment with warfarin during the study period. Overall, the rate of hemorrhage was 3.5% (95% confidence interval [CI] 3.8%–3.9%) per person-year. The risk of major hemorrhage was highest during the first 30 days of treatment. During this period, rates of hemorrhage were 11.6% (95% CI 11.1%–12.5%) per person-year in all patients and 15.6% (95% CI 14.3%–19.4%) per person-year among patients with a CHADS 2 scores of 4 or greater. Over the 13 months follow-up, 38 patients (8.1%) visited the hospital for hemorrhage; of these patients, 2 (5%) died in hospital.

Conclusions: In this municipal hospital based cohort of older patients with atrial fibrillation, we found that rates of hemorrhage are highest within the first 30 days of warfarin therapy. These rates are considerably higher than the rates of 1%–3% reported in randomized controlled trials of warfarin therapy. Our study provides timely estimates of warfarin-related adverse events that may be useful to clinicians, patients and policy-makers as new options for treatment become available.

Experience of pulmonary embolism at J.J.hospital

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Background: It is said pulmonary embolism is “a great imitator”. It can present with different characteristics which can vary from patient to patient in young vs elderly patients. Pulmonary embolism (PE) is a blockage of the main pulmonary artery or one of its branches by a substance that has travelled from elsewhere in the

body through the bloodstream. PE most commonly results from deep vein thrombosis.

Symptoms of pulmonary embolism include dyspnea, tachycardia, tachypnea, chest pain, palpitations, cyanosis, hypotension, and sudden death. Diagnosis is based on these clinical findings and imaging studies, usually CT pulmonary angiography. Treatment is typically with anticoagulation. Severe cases may require thrombolysis or may require catheter based intervention via pulmonary thrombectomy.

Objective: The purpose of this study is to assess frequency, risk factors, presenting symptoms, treatment, complications and In-hospital outcomes of pulmonary embolism in young patients compared with those of elderly patients.

Methods: We studied 18 patients of pulmonary embolism in < 40 years age group and 20 patients age more than 40 years admitted in our hospital from August 2012 to July 2014. Patients with a diagnosis of pulmonary embolism admitted to between January 2012 and January 2014 were included in this study. A diagnosis of pulmonary embolism was based on: chest pain, electrocardiographic changes 2 D ECHO, D dimer, and typical time related pattern of ABG, ECG, CT Pulmonary angiography and response to treatment.

Results: Breathlessness was the most common presentation in 30 patients (78.92%), while chest pain in 6 patients (15.2%) and hypotension in 2 patients (5.7%). Incidence of pulmonary embolism is exceedingly higher in males (78.92%) compared to females. Typical symptoms seen in 70%. Risk factors such as prolonged bed rest, immobilisation levels are more common in elderly patients, whereas family history (22.10%) and diabetes (11.59%) are less frequent. Prevalence of chest pain is almost same in younger (76.81%) and elderly (78.6%) age group, most common sign being tachypnea .74.25% of young patients with pulmonary embolism received treatment in form of thrombolysis, most of the patients (85%) received streptokinase, 15% patients received tenecteplase.

4 patients received intrapulmonary thrombolysis with guidance of catheter in PA.

Total 5 patients died, most of due to refractory hypotension .2 patients developed chronic pulmonary thromboembolism. Elevated serum homocysteine levels are seen in 28 (10.14%) of young patients. Primary thrombolysis had good outcome in < 40 years age group. Postprocedure complications are almost negligible (< 3%) in young age group. The incidence of in-hospital congestive heart failure, and major bleeding were lowest (< 2%) in the youngest age group.

Conclusion: Younger patients have better outcome as compared to elderly patients.

Tenecteplase in postoperative acute pulmonary thromboembolism

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Background: The Incidence of Acute pulmonary thromboembolism, as one of the post operative fatal complications, is around 1.6%. Management of embolism in postoperative cases is always difficult and thus leading onto high rates of mortality and poor prognosis. According to ESC guidelines, the use of Tenecteplase is an important determining factor in the prognosis and